411326071

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:	**Alicia Davis**
Address:	**8925 Highway 155**
	Montevallo, AL 35115
Admit Date:	**10/12/2015**
Discharge Date:	**10/12/2015**
Amount Due:	**$1,399.86**

20160128000028210 1/1 $.00
Shelby Cnty Judge of Probate, AL
01/28/2016 11:04:16 AM FILED/CERT

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Allstate Insurance Claims - 0387419996
P.O. Box 2874
Clinton, IA 52733

Farmers - 30004594239
P. O. Box 268994
Oklahoma City, OK 73126

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jan 21, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

STATE OF MISSISSIPPI NOTARY PUBLIC ID#104665 AMY E. LAMBERT Commission Expires Feb. 13, 2017

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834